

Commonwealth of Massachusetts  
Executive Office of Environmental Affairs  
Department of Environmental Protection

**APPLICATION FOR WASTEWATER TREATMENT PLANT OPERATOR**

**STATUS CHANGE FORM**

In accordance with 257 CMR 2.00, to request a change in status as a certified wastewater treatment plant operator, you must apply in writing to the Board of Certification. By majority vote, the Board may issue a change in status to any operator who meets all the requirements. The Board will notify the applicant its decision in writing.

- Type or print clearly in ink only.
- Attach recent photo, with face, not less than one inch wide, or a copy of your driver's license. Please note that this is a mandatory requirement.
- Mail to: **Board of Certification of Wastewater Treatment Plant Operators**  
**Department of Environmental Protection**  
**627 Main Street**  
**Worcester, MA 01608**

**Current Information**

Application Date		Certification Number		Date of Birth <small>Month / Day / Year</small>		Social Security #	
Applicant's Name							
First		MI	Last				
Home Address							
Street		Town		State	Zip		
Home Phone Number				Work Phone Number			

ATTACH  
PICTURE  
HERE

**Change Information or Status to**

Application Date		Certification Number		Date of Birth <small>Month / Day / Year</small>		Social Security Number	
First		MI	Last			<b>Check Type of Status Change</b>  <input type="checkbox"/> Active to inactive <input type="checkbox"/> Inactive to active <input type="checkbox"/> When and if Operator in Training <input type="checkbox"/> Operator in Training to full <input type="checkbox"/> Other	
Home Address							
Street		Town		State	Zip		
Home Phone Number		Work Phone Number		Email			

**Please complete all applicable sections on the front and back of this Application and attach all required materials. The Board will not consider incomplete Applications.**

I, \_\_\_\_\_ (print) do solemnly swear (affirm) that all the information presented in this application is true in substance and effect.

Signature \_\_\_\_\_ (sign)      Date \_\_\_\_\_

**For Official Use Only**

Date Received	Board Date	Approval of Board Yes/No	Status and Comments	Certification Number

## STATEMENT OF QUALIFICATIONS

This form is to be completed by each applicant. This information is needed to determine your status as a certified operator. All related wastewater field experience must be submitted on this form and any additional information may also be submitted separately, but in similar form.

STATE, COUNTRY, OR PROVINCE WHERE CERTIFIED	CERTIFICATION DATE	CERTIFICATION #	GRADE/LEVEL	STATUS

EDUCATION	INSTITUTION and ADDRESS	YEARS ATTENDED	DEGREE GRANTED	STUDIES
HIGH SCHOOL:				
COLLEGE:				
UNIVERSITY:				
OTHER:				

COURSE TITLES	INSTITUTION and ADDRESS	Month/Day/Year - Month/Day/Year	TOTAL HOURS
1.			
2.			
3.			
4.			

List only those jobs which have been in the wastewater treatment field. Describe specific duties (responsibilities) performed in the job title indicated. Please use the same format on a separate sheet if you need more space.

CURRENT EMPLOYER NAME and ADDRESS, FACILITY GRADE, JOB TITLE, EMPLOYMENT DATES Month(s)/Year(s)

OPERATIONS: (Records, reports, equipment operating, sludge handling, process control functions, etc.)

MAINTENANCE: (Pumps, level controls, chlorination, etc.)

LABORATORY PROCEDURE: (Process control and regulatory testing)

COLLECTION OR DISTRIBUTION: (Operation and maintenance procedures)

PREVIOUS EMPLOYER NAME and ADDRESS, FACILITY GRADE, JOB TITLE, EMPLOYMENT DATES Month(s)/Year(s)

OPERATIONS: (Records, reports, equipment operating, sludge handling, process control functions, etc.)

MAINTENANCE: (Pumps, level controls, chlorination, etc.)

LABORATORY PROCEDURE: (Process control and regulatory testing)

COLLECTION OR DISTRIBUTION: (Operation and maintenance procedures)